

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90136 022 ***150.00

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DOCUMENT # P01000049840

1. Entity Name
AFFORDABLE SATELLITE SERVICES INC



Principal Place of Business
**430 EAST SPRINGTREE WAY
LAKE MARY FL 32746
US**

Mailing Address
**430 EAST SPRINGTREE WAY
LAKE MARY FL 32746
US**



2. Principal Place of Business
**510 STEPHANIE CT
Suite, Apt. #, etc.
LAKE MARY FL
City & State**

3. Mailing Address
**510 STEPHANIE CT
Suite, Apt. #, etc.
LAKE MARY FL
City & State**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3724525**

Applied For
Not Applicable

Zip **32746** Country **SEMINOLE**

Zip **32746** Country **SEMINOLE**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RAMSEY, KENNETH D
430 EAST SPRINGTREE WAY
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name **KENNETH D. RAMSEY**
Street Address (P.O. Box Number is Not Acceptable)
**510 STEPHANIE CT
City LAKE MARY FL Zip Code 32746**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **7/17/03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMSEY, KENNETH D 430 E SPRINGTREE WAY LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMSEY, KENNETH D 510 STEPHANIE CT LAKE MARY FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/03 407-328-8750
Date Daytime Phone #

CR2E034 (4/03)